

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 06/22/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/26/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	2498	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		3102	2211	THE TAXONOMY CODE FOR THE BILL	46	14773	33895	19122
				ING PROVIDER				
				IS MISSING				
		8536	1700	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404904	WESTERN HIGHLAN	8326	1283	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8534	394	SERVICE FACILITY LOCATION IS N	0	1957	16307	14350
				OF A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		8963	80	ATTENDING PROVIDER NPI IS NOT				
				NUMERIC. PLEASE RESUBMIT				
				WITH CORRECT NPI NUMBER.				
3404910	PATHWAYS	8326	1935	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		21	1588	DUPLICATE OF CLAIM-SYSTEM	1	3894	7577	3683
		8800	228	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	868	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8326	87	ATTENDING PROVIDER NUMBER WAS	0	1134	4435	3301
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	61	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8800	1309	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	1221	ATTENDING PROVIDER NUMBER WAS	0	4497	14288	9791
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	706	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8961	213	ATTENDING PROVIDER NPI IS MIS				
	VIORAL HEAL			SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8800	87	FURTHER PROCESSING NECESSARY,	0	487	6488	6001
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	75	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404917	CENTERPOINT HUM	8505	1867	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		3101	252	THE TAXONOMY CODE FOR THE ATTE	0	2603	2640	37
				NDING PROVIDER				
				IS MISSING				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	632	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	138	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	995	3991	2996
		8000	84	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404920	ALAMANCE CASWEL L AREA MH D	8326	116	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	107	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	708	1261	553
		8505	105	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404921	ORANGE PERSON C HATHAM AREA	8955	28	CLAIM SHOULD NOT CONTAIN BOTH NPI AND REFERRING PROVIDER NUMBER. REFERRING PR				
		0	0		0	28	28	0
3404922	THE DURHAM CENT ER	8536	1288	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		21	458	DUPLICATE OF CLAIM-SYSTEM	0	2458	4973	2515
		8800	431	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	8534	138	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8326	54	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	264	578	314
		8800	24	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	998	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	279	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	5	1739	10304	8565
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8961	1569	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		8505	972	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4	4649	9638	4989
		8534	490	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404927	CUMBERLAND CO M HC	8963	1486	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
		8326	658	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	3044	7670	4626
		8505	396	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8957	1	CLAIM SHOULD NOT CONTAIN BOTH NPI AND ATTENDING PROVIDER NUMBER. ATTENDING PR	0	42	44	2
		8505	1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404931	WAKE CO HUM SVC BILLING OF	8505	3308	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	471	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4592	6373	1781
		8536	212	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	15530	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	980	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	17691	19919	2228
		8800	664	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	507	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	319	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1305	1630	325
		8800	118	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8505	390	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	307	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	873	2549	1676
		8534	58	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404939	EAST CAROLINA B EHAVIORAL H	8800	464	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	100	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	824	7420	6596
		7001	80	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	1850	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	156	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	2146	2385	239
		8326	33	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
3404944	EASTPOINTE HUMAN SERVICES	8326	1983	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		8505	903	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	3049	5733	2684
		8800	53	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8505	1493	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		537	148	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	0	2153	4563	2410
		21	121	DUPLICATE OF CLAIM-SYSTEM				
3404949	PIEDMONT BEHAVIORAL HEALTH	11	3348	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		537	1352	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	0	7824	21339	13515
		8536	707	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING				